

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-000621

AMENDED

Registration District No.

53

Primary Registration District No.

3010

Registrar's No.

56

STATE FILE NUMBER

FILED JAN 29 1962

1. PLACE OF DEATH

a. COUNTY

Cape Girardeau

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN

Cape Girardeau, Mo.

Length of stay in 1b

13 Days

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION

St. Francis Hospt.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Illinois

b. COUNTY

Pulaski

Inside Limits

Yes ☒ No ☐

c. CITY OR TOWN

Olmsted

d. STREET ADDRESS

(If outside, give location)

None

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First

Middle

Last

Benjamin C. Johnson

4. DATE OF DEATH

Month

Day

Year

January 18, 1962

5. SEX

Male

6. COLOR OR RACE

Negro

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

6/17/1891

9. AGE (last birthday)

70

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Oil Inspector

10b. KIND OF BUSINESS OR INDUSTRY

State of Illinois

11. BIRTHPLACE (City and state or country)

Villa Ridge, Ill.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Hervy Johnson

13b. MOTHER'S MAIDEN NAME

Martha Ray

14. NAME OF HUSBAND OR WIFE

Carrie B. Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

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16. SOCIAL SECURITY NO.

17. INFORMANT

Olmsted, Illinois

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

INTESTINAL OBSTRUCTION

INTERVAL BETWEEN ONSET AND DEATH

3 wks.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

ADENO-CARCINOMA OF SIGMOID COLON

with

DUE TO (c)

GENERALIZED CARCINOMATOSIS

6 mo.

6 mo.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

CHRONIC MYOCARDITIS

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Jan. 5th '62 to Jan. 18th '62 and last saw him alive on Jan. 18th '62

Death occurred at 3:57 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

William J. Pihler, M.D.

(Deceased or title)

22b. ADDRESS

CAPE GIRARDEAU, MO.

22c. DATE SIGNED

1-20-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

1/23/62

23c. NAME OF CEMETERY OR CREMATORY

Spencer Heights

23d. LOCATION (City, town, or county)

Mounds, Illinois

(State)

24. FUNERAL DIRECTOR

Edward A. Puffin

ADDRESS

2501 Poplar St. Cairo, Illinois

25. DATE RECD. BY LOCAL REG.

1-22-62

26. REGISTRAR'S SIGNATURE

Lorne Kasten

(Licensed Embalmer's Statement on Reverse Side)

JUL 3 1962

FEB 6 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Edward N. Ruffin

Licensed Embalmer No. 5022

P. O. Address Cairo, Illinois

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.